

NORTHERN ARIZONA REGIONAL  
**BEHAVIORAL HEALTH AUTHORITY**

MAURICE W. MILLER, A.C.S.W.  
Chief Executive Officer

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April 17, 1998

The Honorable William E. Kennard, Chairman  
Federal Communications Commission  
1919 M Street, NW Room 814  
Washington, D.C. 20554

cc Doc-96-45

Dear Chairman Kennard:

Northern Arizona Regional Behavioral Health Authority (NARBHA) is responsible for the development of behavioral health services in the 5 northern counties of Arizona. This is a large geographic area (approximately 62,000 square miles) that is sparsely populated (approximately 440,000 people). Because of the difficulties in delivering behavioral health services in this region, NARBHA began implementation of its telepsychiatry program in November 1996. Since that time, our program, NARBHA NET, has developed videoconferencing sites in 12 northern Arizona locations. Because ISDN services are not available in this region, NARBHA NET has installed T1 lines between sites and the hub location in Flagstaff. In order to make the service more cost effective, we have fractionalized the T1's and use some of the bandwidth for other data and voice needs between NARBHA and its provider agencies. Because of the expense in purchasing T1 lines, NARBHA NET has anxiously awaited participation in the Universal Service fund (Universal Service Order, CC Docket No. 96-45). Now we are concerned that some of the FCC interpretations may limit participation because of inter-LATA, non-ETC eligibility and that consolidation of the Rural Health Care Corporation (RHC) and Schools and Libraries Corporation (S&L Corp) may adversely impact health care providers.

NARBHA NET has experienced much success in its use of videoconferencing for the delivery of behavioral health services. Psychiatric care is regularly provided to Springerville, St. John's and Holbrook over video; admission and discharge planning sessions are held regularly with the four small inpatient units in northern Arizona along with our site at the Arizona State Hospital (ASH) in Phoenix. In addition, clinical staffings, case consultation, training and administrative meetings are held regularly. Since implementation, more than 800 psychiatric services have been delivered over NARBHA NET. NARBHA's success in delivering behavioral health services with this technology was recently recognized by *Telemedicine and Telehealth Networks* magazine as NARBHA NET was named as one of the Top 10 telemedicine sites in the U.S. in their December 1997 publication.

Since development of NARBHA's telemedicine program, we have eagerly awaited the implementation of the Universal Service fund program. Even with some of the cost-savings measures we have taken, we are paying high monthly costs (ranging from \$1500 - \$2500) for our T1 service. In addition, some locations such as Fredonia, are unaffordable (we were quoted \$14,000

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The Honorable William E. Kennard  
April 17, 1998  
Page 2

per month since they get their phone service out of Utah!) yet are in great need of expanded behavioral health services.

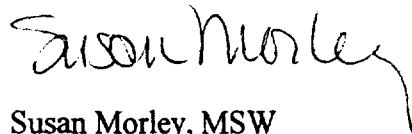
We are now aware that because of the FCC's interpretation of Section 254(h)(1)(A), carriers providing telecommunications services to rural health care providers may not receive reimbursement from the universal service fund unless they are designated ETC's. Therefore, interexchange carriers (IXC's) are not designated as ETC's and may not participate in this program. Because there are several LATA's in northern Arizona, locations such as Fredonia and the Hopi Reservation would not be able to become linked to our telepsychiatry program as phone service in these communities and Flagstaff crosses LATA's, utilizes non-ETC's and therefore, could not participate in the Universal Service fund program.

Although similar language appears in the paragraphs that deal with the provision of services for schools and libraries, the FCC's current interpretation of the rules for schools and libraries does not restrict participation in the program to non-ETC's as it does for health care providers. We therefore urge you to expand the scope of eligible service providers for health care providers.

In addition, we are aware of discussion to consolidate the RHC and S&L Corp. We would ask that separate entities, along with separate budgets be maintained at this time as the needs and issues of schools and libraries are quite different than health care providers and if combined, health care providers and their needs may easily be overlooked, as rural health care providers are a small constituency as compared to schools and libraries.

We appreciate your assistance in this matter.

Sincerely,



Susan Morley, MSW  
Director of Human Resources  
Telemedicine Program Director

cc: Commissioner Susan Ness  
Commissioner Gloria Tristani  
Commissioner Michael Powell  
Commissioner Harold W. Furchtgott-Roth  
~~Commissioner Roman Sales~~